Company Tracking Number: EIC-2008-1009

TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners

Product Name: Homeowner

Project Name/Number: water exclusion/EIC-HO-2008-1008

Filing at a Glance

Company: Electric Insurance Company

Product Name: Homeowner SERFF Tr Num: ELEC-125851929 State: Arkansas

TOI: 04.0 Homeowners SERFF Status: Closed State Tr Num: EFT \$25

Sub-TOI: 04.0003 Owner Occupied Co Tr Num: EIC-2008-1009 State Status: Fees verified and

Homeowners received

Filing Type: Rule Co Status: Reviewer(s): Becky Harrington,

Betty Montesi

Author: Nancy Swasey Disposition Date: 10/10/2008

Date Submitted: 10/09/2008 Disposition Status: Approved

Effective Date Requested (New): 01/01/2009 Effective Date (New): 01/01/2009

02/15/2009

State Filing Description:

General Information

Project Name: water exclusion Status of Filing in Domicile: Pending

Project Number: EIC-HO-2008-1008 Domicile Status Comments:

Reference Organization: ISO

Reference Number: HO-2008-OHPRU

Reference Title: water exclusion rule

Advisory Org. Circular: LI-HO-2008-113

Filing Status Changed: 10/10/2008

State Status Changed: 10/10/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Electric Insurance Company is filing to adopt ISO's multistate homeowners rule revision addressing water exclusion endorsements to all policies written on or after January 1, 2009.

Company and Contact

Filing Contact Information

Company Tracking Number: EIC-2008-1009

TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners

Product Name: Homeowner

Project Name/Number: water exclusion/EIC-HO-2008-1008

Nancy Swasey, State Filing Analyst

Nancy.Swasey@electricinsurance.com

75 Sam Fonzo Drive (800) 227-2757 [Phone] Beverly, MA 01915 (978) 236-5648[FAX]

Filing Company Information

Electric Insurance Company CoCode: 21261 State of Domicile: Massachusetts

75 Sam Fonzo Drive Group Code: 57 Company Type: Property &

Casualty

Beverly, MA 01915 Group Name: Electric State ID Number:

(800) 227-2757 ext. [Phone] FEIN Number: 04-2422119

Company Tracking Number: EIC-2008-1009

TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners

Product Name: Homeowner

Project Name/Number: water exclusion/EIC-HO-2008-1008

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Electric Insurance Company \$25.00 10/09/2008 23076377

 SERFF Tracking Number:
 ELEC-125851929
 State:
 Arkansas

 Filing Company:
 Electric Insurance Company
 State Tracking Number:
 EFT \$25

Company Tracking Number: EIC-2008-1009

TOI: 04.0003 Owner Occupied Homeowners

Product Name: Homeowner

Project Name/Number: water exclusion/EIC-HO-2008-1008

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted		
Approved	Becky Harrington	10/10/2008	10/10/2008		

 SERFF Tracking Number:
 ELEC-125851929
 State:
 Arkansas

 Filing Company:
 Electric Insurance Company
 State Tracking Number:
 EFT \$25

Company Tracking Number: EIC-2008-1009

TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners

Product Name: Homeowner

Project Name/Number: water exclusion/EIC-HO-2008-1008

Disposition

Disposition Date: 10/10/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal): 02/15/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

 SERFF Tracking Number:
 ELEC-125851929
 State:
 Arkansas

 Filing Company:
 Electric Insurance Company
 State Tracking Number:
 EFT \$25

Company Tracking Number: EIC-2008-1009

TOI: 04.00 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners

Product Name: Homeowner

Project Name/Number: water exclusion/EIC-HO-2008-1008

Item Type	Item Name	Item Status	Public Access
Supporting Document	HPCS-Homeowners Premium		Yes
0	Comparison Survey		
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	NAIC Loss Cost Filing Document for		Yes
0	OTHER than Workers' Comp		
Supporting Document	Uniform Transmittal Document-Property	&Approved	Yes
0	Casualty		

Company Tracking Number: EIC-2008-1009

TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners

Product Name: Homeowner

Project Name/Number: water exclusion/EIC-HO-2008-1008

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 10/10/2008

Property & Casualty

Comments:

Attachment:

transmittal water exclusion.pdf

Property & Casualty Transmittal Document

1.	Reserved for Insurance 2. Insurance Department Use only									
	Dept. Use Only	a. I	Date	the filing is rece	eive	d:				
			Analy							
		c. I	Dispo	osition:						
		Date of disposition of the filing:								
		e. I		Effective date of filing:						
				w Business						
			newal Business							
				Filing #:						
				FF Filing #:						
		h. S	Subje	ect Codes						
3.	Group Name								Gr	oup NAIC#
4.	Company Name(s)			Domicile		AIC#	FEIN#			State #
	Electric Insurance Company			MA	21	261	04-2422	2119		
			-							
5.	Company Tracking Number		EIC	C 2008-1009						
	Company Tracking Number	ate Officer		C 2008-1009	nıın	nherl				
	Company Tracking Number tact Info of Filer(s) or Corpora Name and address	ate Officer Title	: (s)	[include toll-free		nber] FAX	#		(e-mail
Con	tact Info of Filer(s) or Corpora		: (s)		#s	_		nanc		e-mail wasey@electr
Con	tact Info of Filer(s) or Corpora Name and address	Title	: (s)	[include toll-free	#s	FAX			y. s	
Con	tact Info of Filer(s) or Corpora Name and address Nancy Swasey	Title State	: (s)	[include toll-free Telephone # (800) 227–27	#s	FAX			y. s	wasey@electr
Con	tact Info of Filer(s) or Corpora Name and address Nancy Swasey 75 Sam Fonzo Drive	Title State Filing	: (s)	[include toll-free Telephone # (800) 227–27	#s	FAX			y. s	wasey@electr
Con	tact Info of Filer(s) or Corpora Name and address Nancy Swasey 75 Sam Fonzo Drive	Title State Filing	: (s)	[include toll-free Telephone # (800) 227–27	#s	FAX			y. s	wasey@electr
Con	tact Info of Filer(s) or Corpora Name and address Nancy Swasey 75 Sam Fonzo Drive	Title State Filing	: (s)	[include toll-free Telephone # (800) 227–27	#s	FAX			y. s	wasey@electr
Con	tact Info of Filer(s) or Corpora Name and address Nancy Swasey 75 Sam Fonzo Drive	Title State Filing	: (s)	[include toll-free Telephone # (800) 227–27	#s	FAX			y. s	wasey@electr
Con 6.	tact Info of Filer(s) or Corpora Name and address Nancy Swasey 75 Sam Fonzo Drive Beverly, MA 01915	Title State Filing Analyst	: (s)	[include toll-free Telephone # (800) 227–27	#s 757	FAX			y. s	wasey@electr
7. 8.	Name and address Nancy Swasey 75 Sam Fonzo Drive Beverly, MA 01915 Signature of authorized filer Please print name of authorized	State Filing Analyst	r(s)	[include toll-free Telephone 7 (800) 227–27 ext. 5468	#s 757	FAX 978-236-5			y. s	wasey@electr
7. 8.	tact Info of Filer(s) or Corpora Name and address Nancy Swasey 75 Sam Fonzo Drive Beverly, MA 01915 Signature of authorized filer	State Filing Analyst	r(s)	[include toll-free Telephone 7 (800) 227–27 ext. 5468	#s 757	FAX 978-236-5			y. s	wasey@electr
7. 8. Fili 9.	Name and address Nancy Swasey 75 Sam Fonzo Drive Beverly, MA 01915 Signature of authorized filer Please print name of authori ng information (see General Type of Insurance (TOI) Sub-Type of Insurance (Sub-	Title State Filing Analyst zed filer Instructio	ns fo	Telephone 7 (800) 227–27 ext. 5468 Nancy Swase or descriptions o	#s 757	FAX 978-236-5			y. s	wasey@electr
7. 8. Fili	Name and address Nancy Swasey 75 Sam Fonzo Drive Beverly, MA 01915 Signature of authorized filer Please print name of authorized Type of Insurance (TOI)	Title State Filing Analyst zed filer Instruction FOI)	ns fo 4.0	Telephone 7 (800) 227–27 ext. 5468 Nancy Swase or descriptions o	#s 757	FAX 978-236-5			y. s	wasey@electr
7. 8. Fili 9.	Name and address Nancy Swasey 75 Sam Fonzo Drive Beverly, MA 01915 Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code(s) applicable)[See State Specific Requi	Title State Filing Analyst zed filer Instruction (If) (if) (if) (rements)	ns fo 4.0 4.00	Include toll-free Telephone 4 (800) 227–27 ext. 5468 Nancy Swase or descriptions o	#s / f the	FAX 978-236-5	5468	icin	y. s	wasey@electr
7. 8. Fili 9. 10.	Name and address Nancy Swasey 75 Sam Fonzo Drive Beverly, MA 01915 Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code(s) applicable)[See State Specific Requi	Title State Filing Analyst zed filer Instruction (If) (if) (if) (rements)	ns fo 4.0 4.0	Include toll-free Telephone (800) 227–27 ext. 5468 Nancy Swase or descriptions of the control o	# s	FAX 978-236-5 ese fields)	Rates/Rule	icin	y. s	wasey@electr
7. 8. Fili 9. 10. 11.	Name and address Nancy Swasey 75 Sam Fonzo Drive Beverly, MA 01915 Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code(s) applicable)[See State Specific Requi	Title State Filing Analyst zed filer Instruction (If) (if) (if) (rements)	ns fo 4.0 4.00	Include toll-free Telephone 4 (800) 227-27 ext. 5468 Nancy Swase or descriptions of Sonal Auto Police Rate/Loss Cost Forms Con	ty f the	FAX 978-236-5 ese fields) Rules	Rates/Rules/For	icin	y. s	wasey@electr
7. 8. Fili 9. 10. 11.	Name and address Nancy Swasey 75 Sam Fonzo Drive Beverly, MA 01915 Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code(s) applicable)[See State Specific Requi	Title State Filing Analyst zed filer Instruction (If) (if) (if) (rements)	ns fo 4.0 4.00	Include toll-free Telephone 4 (800) 227-27 ext. 5468 Nancy Swase or descriptions of Sonal Auto Police Rate/Loss Cost Forms Con	ty f the	FAX 978-236-5 ese fields)	Rates/Rules/For	es	y. s	wasey@electr

PC TD-1 pg 1 of 2

Property & Casualty Transmittal Document---

15.	Reference Filing?			
16.	Reference Organization (if applicable)	IS0		
17.	Reference Organization # & Title	HO-2008-OHPRUWater	Exclusion	Rule
18.	Company's Date of Filing	10/9/08		
19.	Status of filing in domicile	Not Filed ☐ Pending ☐	Authorized Disar	proved
			-	

20.	This filing transmittal is part of Company Tracking #
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Electric Insurance Company is filing to adopt ISO's Water Exclusion rule to use with the forms filed on our behalf.

Filing Fees (Filer must provide check # and fee amount if applicable)

[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:

Amount: \$25.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

^{***}Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)